DECLARATION/ **POWER OF ATTORNEY** FOR UTILITY OR DESIGN PATENT APPLICATION

ш	Declaration
	Submitted
	With Initial
	Filing
	(37 ČFR 1.63)

\boxtimes	Declaration
	Submitted after Initial
	Filing (surcharge
	(37 CFR 1.16 (e))
	required)

Supplemental Declaration (37 CFR 1.67)

Attorney Docket Number.	KAN-100US	
First Named Inventor:	Hidenori Ishii et al.	
СОМ	PLETE IF KNOWN	
Application Number:	To Be Assigned	
Filing Date:	Herewith	
Art Unit:		
Examiner Name:		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAIL ARRIVAL NOTIFYING SYSTEM AND MAIL DELIVERY DEVICE (as amended)

the specification of which

(Title of the Invention)



and was amended on (MM/DD/YYYY) April 5, 2004 under Article 34 Amendment (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?		
		(11111)	Claimed	Yes	No
Additional					

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Or Attorney for Utility or Design Patent Application (continued)

I hereby appoint:				
Practitioners at Customer	Number <u>23122</u>			
Practitioner(s) named below:				
Name			Regis	stration Number
as my/our attorney(s) or agent(s) to Patent and Trademark Office connect	prosecute the application is	dentified above, a	nd to transact al	Il business in the United States
Direct all correspondence to:	Practitioners Customer N	Number listed abov	ve: OR	
	Correspondence Address			
Name:				
Address:				
City:	State:		Zip:	
Country:	Telephone:		Fax:	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
Name of Sole or First Inventor:			has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname		
Hidenori		Ishii		
Inventor's Signature				Date:
Residence: City: Tokyo	State:	Country: Japan		Citizenship: Japanese
Mailing Address: 4-9-10, Akatsutsumi,				
Mailing Address: Setagaya-ku				
City: Tokyo	State:	Zip: 156-0044	Coun	try: Japan
Additional inventors are listed	on the next page.			

Declaration/Power Or Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Sachiko		Takeshita		
Inventor's Signature			Date:	
Residence: City: Tokyo	State:	Country: Japan Citizenship: Japanese		
Mailing Address: 2-23-26, Naritanishi,				
Mailing Address: Suginami-ku	-			
City: Tokyo	State:	Zip: 166-0016 Country: Japan		
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family	Name or Surname	
Hiroshi			Uranaka	
Inventor's Signature			Date:	
Residence: City: Tokyo	State:	Country: Japan Citizenship: Japanese		
Mailing Address: 3-13-8, Honkomagome	,			
Mailing Address: Bunkyo-ku				
City: Tokyo	State:	Zip: 113-0021	Country: Japan	
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))		Family Name or Surname		
Tsutomu		Ariyoshi		
Inventor's Signature			Date:	
Residence: City: Hyogo	State:	Country: Japan	Citizenship: Japanese	
Mailing Address: 3-30-2312, Mefu 4-chome,				
Mailing Address: Takarazuka-shi				
City: Hyogo	State:	Zip: 665-0852	Country: Japan	
Additional inventors are listed on Supplemental Sheet(s).				

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

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Name of Additional Joint Inventor, if any:		A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))	Family N	ame or Surname
Hiroyuki		1	Mitsuda
Inventor's Signature			Date:
Residence: City: Tokyo	State:	Country: Japan	Citizenship: Japanese
Mailing Address: 2-16-24-203, Nishikojiya,			
Mailing Address: Ota-ku			
City: Tokyo	State:	Zip: 144-0034	Country: Japan
Name of Additional Joint Inventor, if any:		A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (i	f any))	Family Name or Surname	
Inventor's Signature			Date:
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inve	ntor, if any:	A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date:
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: